



UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Stanek, et al.
Appl. No.: 09/864,972
Conf. No.: 3436
Filed: May 25, 2001
Title: DIAGNOSTIC BLOWN FUSE INDICATOR
Art Unit: 2835
Examiner: Vortman, Anatoly
Docket No.: 112690-045

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

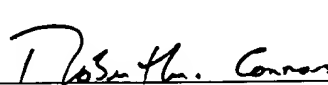
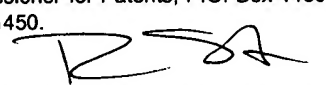
RECEIVED
OCT 16 2003
TECHNOLOGY CENTER 2800

Sir:

In response to the Office Action dated May 9, 2003, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 7 of this paper.

| | | | | | |
|---|-------------------------------------|------------------------------------|---|---------|-------------------|
| AMENDMENT TRANSMITTAL LETTER (Large Entity) | | | Docket No. 112690-45 | | |
| Applicant(s): Dan Stanek et al. | | | | | |
| Serial No. 09/864,972 | Filing Date May 25, 2001 | Examiner Anatoly Vortman | Group Art Unit 2835 | | |
| Invention: DIAGNOSTIC BLOWN FUSE INDICATOR | | | | | |
| <u>TO THE COMMISSIONER FOR PATENTS:</u> | | | | | |
| Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 26 - | 26 = | 0 x | \$18.00 | \$0.00 |
| INDEP. CLAIMS | 4 - | 4 = | 0 x | \$86.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. 02-1818 in the amount of <input type="checkbox"/> A check in the amount of to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. </div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); text-align: center;"> RECEIVED OCT 16 2003 TECHNOLOGY CENTER 2800 </div> </div> | | | | | |
|  Robert W. Connors Reg. No. 46,639 Bell, Boyd & Lloyd P.O. Box 1135 Chicago, IL 60690-1135 (312) 807-4212 | | | Dated: October 9, 2003 | | |
| CC: | | | I certify that this document and fee is being deposited on Oct. 9, 2003 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  Signature of Person Mailing Correspondence Renee Street Typed or Printed Name of Person Mailing Correspondence | | |